

SECTION C: PROGRAM DIRECTOR INFORMATION:

(Must only be completed by Program Director)

NAME OF AmeriCorps PROGRAM SITE: _____

PROGRAM DIRECTOR'S NAME: _____

MEMBER'S EFFECTIVE START DATE WITH AmeriCorps: ____/____/____

MEMBER'S LAST DATE OF SERVICE WITH AmeriCorps: ____/____/____

NOTE: THE CORPORATION FOR NATIONAL SERVICE REQUIRES THE PROGRAM DIRECTOR TO REPORT IMMEDIATELY MEMBERS WHO ARE NO LONGER IN SERVICE TO VISTA. YOUR PROGRAM MAY BE RESPONSIBLE FOR PAYMENTS IMPROPERLY MADE TO CAREGIVERS ON BEHALF OF TERMINATED MEMBERS.

I certify that the above named member is no longer a participant in the AmeriCorps Program. Please finalize childcare reimbursements to the caregiver(s) effective as of ____/____/____.

-OR-

The above named member has stated that he/she no longer needs childcare benefits through AmeriCorps@CARE in order to participate in the program as of ____/____/____.

PLEASE SIGN BELOW:

AmeriCorps Member's Signature

Date

Program Director's Signature

Date

FINALIZING CHILD CARE PAYMENTS:

Members and caregivers must complete any outstanding childcare coupons as soon as possible. Once completed and signed by both member and caregiver, coupons must be mailed (**NO FAXES OR COPIES WILL BE ACCEPTED**) immediately to:

**AmeriCorps@CARE
C/O NACCRA
3101 Wilson Boulevard, Suite 350
Arlington, VA 22201**

!!!MEMBERS MUST RETURN ALL UNUSED PORTIONS OF THE CHILD CARE COUPON BOOKLET!!!